Application	or Docket	Number
· wppout.or.		11011100

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I					SMALL ENTITY				OTHER THAN			
(Column 1) (Column 2)						1	TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS		39					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			39 mir	39 minus 20= *		9		X\$ 9=	171	OR	X\$18=	
INDEPENDENT CLAIMS minus 3 = *						X43=	86	OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						Ŀ	TOTAL	642	OR	TOTAL		
CLAIMS AS AMENDED - PART II OTHER THAI										THAN		
		(Column 1)		(Columr		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AINA	= .		X43=		OR	X86=	
	FINST PRESE	INTATION OF MIC	JLIIPLE DEF	PINDEINI	LAIIVI			+145=		OR	+290=	
							TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column	12)	(Column 3)		DDII. FEE			ADDII. 1 EE 1	
		CLAIMS		HIGHES	ST		Г		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	LAIM		-			Ŭ.,		
·							L	+145=		OR	+290=	
							Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Column	12) -	(Column 3)			·			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU: PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	##		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	U
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	LAIM					υn		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	f the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is I	ss than	20, enter "20."	AE	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												